

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	Manual Handle Apparatus																				
Application Number :																					
Date :																					
First Named Applicant:	Mr. Kelley Pate																				
Attorney Docket Number:	1112.03001																				
<b>TOTAL FEE AUTHORIZED \$ 417</b>																					
Patent fees are subject to annual revisions on or about October 1st of each year.																					
Filing as small entity																					
<b>BASIC FILING FEE</b>																					
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>		Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375				Subtotal For Basic Filing Fees: \$ 375								
Fee Description	Fee Code	Amount \$	Fee Paid \$																		
Utility Filing Fee	2001	375	375																		
			Subtotal For Basic Filing Fees: \$ 375																		
<b>EXTRA CLAIM FEES</b>																					
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 20</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 4</td><td>1</td><td>2201</td><td>42</td><td>42</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 42</td></tr></tbody></table>		Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 20	0	2202	9	0	Independent Claims : 4	1	2201	42	42				Subtotal For Extra Claims Fees: \$ 42	
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																	
Total Claims : 20	0	2202	9	0																	
Independent Claims : 4	1	2201	42	42																	
			Subtotal For Extra Claims Fees: \$ 42																		
<b>AUTHORIZED BILLING INFORMATION</b>																					
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																					
Deposit account number:	502545																				
Access Code	****																				
Deposit name:	Jackson Esquire																				
Deposit authorized name:	Roger A. Jackson																				
Signature:	/Roger A. Jackson/																				
Date (YYYYMMDD):	2003-08-11																				
Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.																					